

Indiana | State  
**MUSEUM**

## Volunteer Application

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### PERSONAL INFORMATION

Name: \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_  
Last First Middle Initial Preferred Salutation

Address: \_\_\_\_\_  
Street Address City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_ e-mail  
Home Work Cell

Date of birth: \_\_\_\_\_  
month / day / year

What made you decide to volunteer at the Indiana State Museum?

- ☐ Friend or Coworker ☐ Advertisement in \_\_\_\_\_  
☐ Indiana State Museum Publication ☐ Other \_\_\_\_\_

Please describe

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### EDUCATION

High School 1 2 3 4 School: \_\_\_\_\_

College 1 2 3 4 School: \_\_\_\_\_ Major: \_\_\_\_\_

Graduate School 1 2 3 4 School: \_\_\_\_\_ Major: \_\_\_\_\_  
(Circle last year completed)

Other special courses: \_\_\_\_\_

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### EXPERIENCE

Current employer: \_\_\_\_\_

Position: \_\_\_\_\_

Special training or skill: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Hobbies: \_\_\_\_\_

**PLEASE COMPLETE NEXT PAGE AND MAIL TO:**

**Director of Volunteer Services, Indiana State Museum, 650 W. Washington Street,  
Indianapolis, IN 46204 or FAX to (317) 232-7090  
Questions: Call (317) 232-8351**

## AVAILABILITY

Do you prefer to volunteer: ☐ weekly ☐ twice monthly ☐ special events ☐ on call only

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							Not open
Afternoon							

Available days/times for an interview if different: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Relationship Day Phone Eve. Phone

Reference: \_\_\_\_\_  
Name Relationship Day Phone Eve. Phone

Do you know any Indiana State Museum volunteers?: \_\_\_\_\_

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## VOLUNTEER INTERESTS

*Job descriptions are available for your review for specific positions in areas of interest.*

### ***Behind the scenes:***

\_\_\_\_\_ Program Support (Helps to prepare materials for educational programs and special events; performs administrative functions and provides essential services).

\_\_\_\_\_ Research & Collections (Works with our curators in the museum and on archeological digs).

### ***Guest Services:***

\_\_\_\_\_ Information Center (Staffs our Information Center and gives individualized attention to our guests; assists with membership development)

\_\_\_\_\_ Gift Shop (Staffs our gift shop; runs the register; assists with sales).

\_\_\_\_\_ Greeters (Directs visitors who are entering and answers questions).

\_\_\_\_\_ Coat Check: Assist visitors by checking coats, handling lost and found, check-out wheel chairs and acoustic guides for sight impaired visitors.

### ***Share your love of learning:***

\_\_\_\_\_ Gallery Tour Guides (Trained to lead groups on weekday specialized tours or on weekend general tours)

\_\_\_\_\_ Gallery Hosts (Acts as ambassador in a specific gallery, answering questions)

\_\_\_\_\_ Interactive Cart Hosts (Answers questions; shares information on specific artifacts or facilitates an activity to enhance the visitor's gallery experience)

\_\_\_\_\_ Workshop Assistants (Assists workshop leaders with greeting, timing stations, and set-up for stations).

\_\_\_\_\_ Workshop Teachers (Trained volunteers will conduct activities in a fast-paced, interactive environment).

\_\_\_\_\_ Special Exhibits (i.e. *Celebration Crossing* needs train engineer, train conductors, floater, photo master, Mrs. Claus, shopkeeper, gallery greeter, choir greeter, activity area host, and photographer needed daily from 11/29/02-12/31/02)

\_\_\_\_\_ Naturalist's Lab (Assist guests with the various activities available in this area; needed daily; training first Saturday & every other Wednesday from 8:30-9 a.m.)

\_\_\_\_\_ Teacher's Resource Center (Assist in answering education-specific questions, administrative duties; daily)

### ***Special Events:***

\_\_\_\_\_ Special Events (Provides an opportunity to have fun and to share that enjoyment with our visitors as you assist with games and educational activities. Examples are Family Discovery Days, Camp Invention, Artisan Workshops, Sunday Serenades, Morning Matinees, etc.).

### ***Outreach:***

\_\_\_\_\_ Covered Wagon Program (Takes a presentation on pioneer life to outside groups).

\_\_\_\_\_ Speaker's Bureau (Provides topic talks to outside groups).

Comments or additional interests: \_\_\_\_\_

Preferred positions: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

### **For Office Use Only**

Date received:

Interview date:

Training date:

## Security Check

◆ For security reasons, all staff members plus those volunteers who will be working within the collection, ticketing, or gift-shop areas must agree to a security check of their background. A Zachary Law check is performed on all volunteers and staff as well. Please enter the following information and sign below to show that you agree to this requirement. Security checks are provided by the Indiana State Police and are held in strictest confidence.

Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

I am aware of the need and give permission to the Indiana State Police for a security review of my records.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## Release

In consideration of the publicity benefits to me and of my involvement by the Department of Natural Resources, the Indiana State Museum and the Historic Sites, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the Department of Natural Resources, the Indiana State Museum and the Historic Sites harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer Signature)

X \_\_\_\_\_ Date: \_\_\_\_\_

If under 16 years of age parent or guardian and student must sign.

\_\_\_\_\_  
*Address of parent or guardian, if volunteer is under 16.*

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## DNR Volunteer Service Agreement

This agreement is entered into between the **Indiana Department of Natural Resources** and \_\_\_\_\_ to govern volunteer services.  
(Printed Name)

The above named agrees as follows: I am a volunteer for the State of Indiana and I am a temporary employee and not for compensation. I understand that I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standards Acts. I further understand that if I am injured while working for the State of Indiana as a volunteer, Workman's Compensation will be the sole and exclusive remedy for any such injury. It is mutually agreed that the above named individual will assist and work as a volunteer with the Department of Natural Resources during the period that will begin on or about \_\_\_\_\_ (fill in date that volunteer service begins).

Signed Name: \_\_\_\_\_  
Date Signed \_\_\_\_\_